

PTO/SB/82 (16-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF
ATTORNEY and APPOINTMENT OF
NEW POWER OF ATTORNEY**

| | |
|------------------------|-----------------------|
| Application Number | 10/072,657 |
| Filing Date | February 8, 2002 |
| First Named Inventor | Srinivasan Ramanathan |
| Group Art Unit | 1654 |
| Examiner Name | Maury A. Audet |
| Attorney Docket Number | 614.1013 |

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners at Customer Number:

23280

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

23280

OR☒ Firm or
Individual Name Davidson, Davidson & Kappel, LLC

Address 485 Seventh Avenue

Address 14th Floor

City New York

Country USA State NY ZIP 10018

Telephone (212) 736-1940 Fax (212) 736-2427

I am the:

☐ Applicant/Inventor.☒ Assignee of record of an undivided part interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

William T Adams

Signature

Date

7/7/04

Telephone

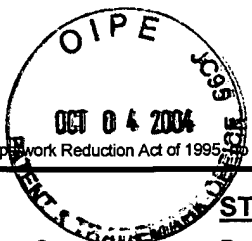
732 932-0115

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Srinivasan Ramanathan, et al.Application No./Patent No.: 10/072,657Filed/Issue Date: February 8, 2002Entitled: ENHANCED ORAL AND TRANSCOMPARTMENTAL DELIVERY OF THERAPEUTIC OR DIAGNOSTIC AGENTSRutgers, The State University of New Jersey, a University

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☒ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel 013366, Frame 0473, or for which a copy thereof is attached.

OR

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To: _____

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Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

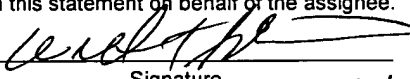
- ☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

7/7/04

Date



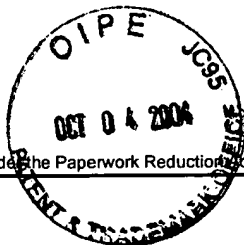
Signature

William T. Adams

Typed or printed name

Director, OCLTT

Title



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SIGNATURE of Applicant or Assignee of Record

Name Denise Mulkern

Signature *Denise Mulkern*

Date July 1, 2004

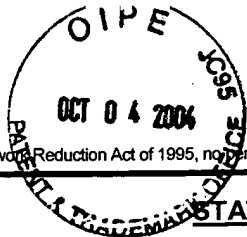
Telephone 732-235-9350

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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University of Medicine and Dentistry of New Jersey, a University

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☒ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel 013366, Frame 0929, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

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The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

July, 2004
Date

Denise Mulkern
Signature

Denise Mulkern

Typed or printed name

Vice President for Finance and Treasurer

Title